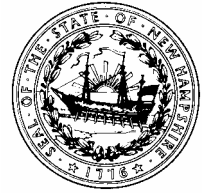




State of New Hampshire
Department of Environmental Services
Asbestos Management and Control Program
Application for Certification



Asbestos Abatement Worker

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, and signing the application.

I. APPLICANT:

Name (last)_____, (first)_____, (mid I)_____

Social Security Number (identification only)_____

Date of Birth:_____, Phone:_____

Mailing Address:_____

City/Town:_____, State:_____, Zip:_____

E-Mail: _____

II. COMPANY OR PRINCIPLE PLACE OF EMPLOYMENT:

Firm:_____

Address:_____

City/Town:_____, State:_____, Zip:_____

Phone:_____, Fax:_____

E-Mail: _____

III. APPLICATION INFORMATION:

a.) Is this a new application or a renewal application? _____
If this is a Renewal Application attach a photocopy of your NH Certificate.

b.) Have you previously applied for an asbestos abatement worker certificate in the State of New Hampshire? YES_____, NO_____

c.) Are you licensed, certified, or permitted as an asbestos abatement worker in any other state other than New Hampshire? YES_____, NO_____
If YES, please list the name of the state, date of certification, and certificate number. _____

D.) Submit two clear, unmutilated, and unstapled 1 1/2 x 1 inch color photographs, with your name legibly printed on the back of each photograph.

IV. TRAINING OF APPLICANT:

Please complete the section below and attach documentation of course attendance and grade on final exam.

Course Title	Course Sponsor	Date Completed	Grade on exam
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V. ENFORCEMENT ACTION:

- a.) Are there any state or federal enforcement actions against the applicant with regard to asbestos abatement work? Yes _____ No _____
- b.) If the answer is YES, attach detailed information to this application about the enforcement action, including the name and address, of the federal or state agency taking action; the date of the action, and information as to whether and how the action was resolved.

VI. STATEMENT OF COMPLIANCE:

I certify that I have read and understand the New Hampshire Asbestos Management Rules. I further certify this application is prepared in conformity with the New Hampshire Regulations for asbestos control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: _____

Date: _____

Please send completed application to:

NH DES
Attn: Asbestos Licensing Program
PO Box 95 - 29 Hazen Drive
Concord, NH 03302-0095

Phone: (603) 271-4609

DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE AS SPECIFIED IN
Env-A 1810.08(b)(3)

\$50.00	FOR A NEW APPLICATION, OR
\$50.00	FOR A RENEWAL APPLICATION.

CHECKS AND/OR MONEY ORDERS SHALL BE MADE PAYABLE TO "TREASURER, STATE OF NEW HAMPSHIRE".

MUST ALLOW 3-4 DAYS TO PROCESS APPLICATIONS